

Bureau of Licensure and Certification

PRINTED: 10/03/2008
FORM APPROVED

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|--|---|--|---|--------------------|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS350AGC | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 09/10/2008 |
| NAME OF PROVIDER OR SUPPLIER ROSA LINDA GROUP CARE 2 | | | STREET ADDRESS, CITY, STATE, ZIP CODE 3164 HEBARD DRIVE LAS VEGAS, NV 89121 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE | |
| Y 000 | Initial Comments This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 9/10/08. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for eight Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was five. Five resident files were reviewed and three employee files were reviewed. One discharged resident file was reviewed. The following deficiencies were identified: | Y 000 | | | |
| Y 178 SS=F | 449.209(5) Health and Sanitation-Maintain Int/Ext NAC 449.209 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. This Regulation is not met as evidenced by: Based on observation and interview on 9/10/08, the facility failed to ensure the interior and exterior of the facility were appropriately maintained. Findings include: Interior: - The ceiling air intake vents had a significant accumulation of dust covering them. | Y 178 | | | |

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LAS VEGAS, NEVADA

Y178

The ceiling air intake vents
dust accumulation has been
cleaned. Accomplished date

OK
JP

OCT 16, 2008

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

Administrator

(X6) DATE

Oct 19, 2008

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| Y 178 | Continued From page 1 - The ceiling exhaust vents in the two bathrooms were also covered with a layer of dust that spanned out onto the ceiling. - One of the two doors to the sink vanity in the front hall bathroom was missing. The two drawers that were behind the door had been dismantled and the drawer rails were sticking out from the bottom opening. - The floor at the doorway to the front hall bathroom had a 1 inch open gap between the bathroom floor tiles and those in the hallway. Exterior: - The front yard consisted of hard dirt with dried grass and weeds. The owner stated he planned to put in desert landscaping. - There were large cracks in the stucco across the front of the house and some were covered with a dark colored sealant. Wood framing was exposed at ground level near the enclosed front patio and showed water damage. The owner stated he planned to remodel the front of the house. Repeat deficiency from the 8/30/07 annual survey. Severity: 2 Scope: 3 | Y 178 | attach attachment #1 Tag Y178 * the ceiling exhaust vents in the two bathrooms has been cleaned, accomplished date; Oct 16, 2008 attach attachment #2 Tag Y 178 * The doors of the sink vanity was fix. Accomplished date Oct October 18, 2008 attach attachment #3 Tag Y 178 * The gap on the floor at the doorway to the front hall bathroom is under remodeling. The whole old floor tiles in the bathroom will be change and put a new floor tile. Will be accomplish on estimate estimate date: Exterior: The front yard will be converted to desert landscaping late next date: Dec 30 2008 January 30, 2008 | | |
| Y 936 SS=D | 449.2749(1)(e) Resident file NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to | Y 936 | | | |

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If continuation sheet 2 of 3

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| Y 936 | <p>Continued From page 2</p> <p>the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.</p> <p>This Regulation is not met as evidenced by: Based on record review on 9/10/08, the facility failed to ensure 1 of 5 residents met the requirements for tuberculosis (TB) testing.</p> <p>Findings include:</p> <p>Resident #3 was admitted on 3/21/07 and completed initial two-step TB testing on 3/17/07. The resident's annual TB test was not initiated until 4/7/08, more than one year later. The resident needs an additional one-step TB test.</p> <p>Severity: 2 Scope: 1</p> | Y 936 | <p>The stucco of the front house is under repairs and plan to be remodel. The stucco and wood framing of the house was fix: accomplished date Oct 17, 2008 attached attachment # 4 This not to reoccur again the monthly maintenance calendar chart schedule for cleanings/repairs will be created and use. attach attachment #5</p> <p>Y936</p> <p>Resident #3 no longer on the facility. Resident #3 additional one step TB test was accomplished dated: 9/19/08. This not to reoccur again if the resident attending doctors want see them before their due date, we will take them somewhere who can give the vaccine w/no delay according to their due date or before. Administration will monitor for compliance. checklist for residents file will be monitor. attach attachment #6 attach attachment #7</p> | OK | |

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